# Form **9.9**0

\*\* PUBLIC DISCLOSURE COPY\_\*\* Return of Organization Exempt Frouncome Tax
Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or
private foundation) or section 4947(a)(1) nonexempt charitable trust

OMB No. 1545-0047

Department of the Treasury

Note: The organization may have to use a copy of this return to satisfy state reporting requirem

This Form is Open

IIII	at 11040th	de delvice total. The organization may have to			<u> </u>		to rustic maperion	
A F	or the 1	999 calendar year, OR tax year period beginning	UL 15, 1999	and end	ing FEB 28	, 2000		
ВС	he kift	Please C Name of organization			C	Employer id	entification number	
	inanga of	Made I had and the I						
	address	label or JUSTGIVE			İ	94-33	31010	
X	Initial return	type. Number and street (or P.O. boy if mail is not	delivered to street address)		Room/suite E	Telephone n	- Al	
T	Finat	Specific 2787 CALIFORNIA STREE			1100111101110		02-9740 An 77-	
$\overline{}$	Amende		,			Check ▶ [	if exemption	
	(required at		115		ľ	Olidox P	application is pending	
		organization - X Exempt under 501(c) (3)		sectio	n 4947(a\/1) nonexemp	t charitable tri		
		ilon 501(c)(3) exempt organizations and 4947(a)(	<del></del>	_				
		a group return filed for affillates?						
		enter the number of affiliates for which this	103 [25] 140 1				r-aigit group	
\u/			١,		ption number (GEN)		Accrual	
/e)		Is filled:		ACCO	1	Cash X	_ Acciuai	
				<u> </u>	Other (specify)		IDO: ht	
		□ if the organization's gross receipts are norma     □ if the organization is the mail the health file.					IHS; DUC	
		ed a Form 990 Package in the mail, it should file a return v						
NULU	: rorm	990-EZ may be used by organizations with gross re	ceipts less than \$100,00	U and t	otal assets less than :	\$250,000 at	end of year.	
		Revenue, Expenses, and Changes in N		balai	108	188888881		
	1	Contributions, gifts, grants, and similar amounts receive	i	1.1	EE2 EE	2		
	8	Direct public support		<u> 1a</u>	552,55	<del>3 •</del>		
	b	Indirect public support						
	C	Government contributions (grants)		10				
	đ	Total (add lines 1a through 1c) (attach schedule of cont				1d	550 550	
		(cash \$					552,553.	
	2	Program service revenue including government fees and						
	3	Membership dues and assessments						
	4	Interest on savings and temporary cash investments						
	-5	Dividends and interest from securities			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5	4,006.	
	Ва	Gross rents						
	þ	Less: rental expenses	*************	6b				
6	C	Net rental income or (loss) (subtract line 6b from line 6a	)			<u>6c</u>		
Revenue	7	Other investment income (describe		,		) 7		
Š	8 a	Gross amount from sale of assets other	(A) Securities		(B) Other			
-		than inventory	191,570.	8a				
	b	Less: cost or other basis and sales expenses	200,031.	8b				
	C	Gain or (loss) (attach schedule)	-8,461.	8c				
	d	Net gain or (loss) (combine line 8c, columns (A) and (B)	STMT 1			8d	-8,461.	
	9	Special events and activities (attach schedule)						
	8	Gross revenue (not including \$	of contributions					
		reported on line 1a)		9a				
ļ	b	Less: direct expenses other than fundraising expenses .		9b				
	C	Net income or (loss) from special events (subtract line 9	b from line 9a)	,		9c		
	10 a	Gross sales of inventory, less returns and allowances	***************************************	10a				
	ħ	Less: cost of goods sold		10h				
	C	Gross profit or (loss) from sales of inventory (attach sch	edule) (subtract line 10b fro	m line 1	Oa)	10c		
	11	Other revenue (from Part VII, line 103)				11		
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10d	, and 11)			12	548,098.	
	13	Program services (from line 44, column (B))					217,915.	
Expenses	14	Management and general (from line 44, column (C))					28,752.	
Ę,	15	Fundraising (from line 44, column (D))						
Ext	16	Payments to affiliates (attach schedule)						
-	17	Total expenses (add lines 16 and 44, column (A))					246,667.	
	18	Excess or (deficit) for the year (subtract line 17 from line					301,431.	
Net Assets	19	Net assets or fund balances at beginning of year (from li	ne 73, column (A))			19	0.	
ŽŞ	20	Other changes in net assets or fund balances (attach ex					0.	
	21	Net assets or fund balances at end of year (combine line					301,431.	
		· · · · · · · · · · · · · · · · · · ·						

REGISTRY OF CHARITABLE TRUSTS 2000 OCT 17 AM 10: 11

p			tions must complete columnitions and section 4947(a)(1			n 501(c)(3) and
,	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)			00,7,000		
	cash \$ noncash \$	22				
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25	Compensation of officers, directors, etc.	25	35,000.			0.
26	Other salaries and wages	28	141,633.	118,047.	23,586.	
27	Pension plan contributions	27				
28	Other employee benefits	28	7,549.	6,686.	863.	
	Payroll taxes	29				
	Professional fundraising fees	30				
31	Accounting fees	31				
32	Legal fees	32	5,173.	5,173.		
33	Supplies	33	4,183.	4,183.		
34	Telephone	34	6,735.	4,041.	2,694.	
	Postage and shipping	35	664.	664.		
	Occupancy	36	10,700.	10,700.		
	Equipment rental and maintenance	37				
	Printing and publications	38	605.	605.		
	Travel	39	409.	409.		
	Conferences, conventions, and meetings	40		······································		
41	Interest	41		· · · · · · · · · · · · · · · · · · ·		
	Depreciation, depletion, etc. (attach schedule) $\ \dots$	42	947.	·	947.	
43	Other expenses (itemize):					
a		438				
b		43b				
C		43c				
đ	SEE STATEMENT 2	43d	22.060	22 407	660	
		438	33,069.	32,407.	662.	
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	246,667.	217,915.	28,752.	0.
Ren	erting of Jaint Casts Did you report in column (B)		<del></del>		···	
	draising solicitation?					Yes X No
	es," enter (I) the aggregate amount of these joint co					;
	the amount allocated to Management and general \$			lv) the amount allocated to		,
P	art III Statement of Program Servi	се А	ccomplishments			
	at is the organization's primary exempt purpose?					
IN	CREASE EFFICIENCIES OF	CH	ARITABLE MANA	AGEMENT	-	Program Service Expenses
	rganizations must describe their exempt purpose achievemen evernents that are not measurable. (Section 501(c)(3) and (4) or					(Regulred for 501(c)(3) and
alloc	ations to others.)				the arroant of grants and	(4) orgs., and 4947(a)(1) trusts; but optional for others.)
а	DEVELOPMENT OF ORGANIZA					
	ASSISTING CHAIRITIES TO	(AWC	RDS MANAGIER	IAL AND		
	FINANCIAL EFFICIENCIES					215 215
			(0	Grants and allocations \$	}	217,915.
b						
			· · · · · · · · · · · · · · · · · · ·			
			(0	Frants and allocations \$	)	
C						
		· ···				
			(@	Frants and allocations \$	<u> </u>	
d					·	
				Tronto and allegations		
_	Other program consists (attach asked stal			Grants and allocations \$ Grants and allocations \$	1	
	Other program services (attach schedule)  Total of Program Service Expenses (should equal	lina 4	<u></u>		, 	217,915.
	TOTAL OF Program Service Expenses (Should equal of 1 and 1 a			ricos)		Form 990 (1999
12.	18-MM 5 E 5 E 18 E 18 E 18 E 18 E 18 E 18 E 1	75	n nama tauta di			

#### : Part IV Balance Sheets

ia: Whe	ere required, attached schedules and amounts wit uid be for end-of-year amounts only.	thin the description column	(A) Beginning of year	(B) End of year
45	Cash - non-interest-bearing		45	230,704
46	Savings and temporary cash investments		46	
'	earnings and temperary out in the continuous			
47 a	Accounts receivable	47a		
- 1	Less: allowance for doubtful accounts		47	c
48 a	Pledges receivable			
b	Less: allowance for doubtful accounts		48	C
49	Grants receivable		49	
50	Receivables from officers, directors, trustees,			
	and key employees		50	1
51 a	Other notes and loans receivable			
l b	Less: allowance for doubtful accounts		51	C
52	Inventories for sale or use		52	
53	Prepaid expenses and deferred charges		53	1,000
54	Investments - securities	r - F	54	,
55 a	Investments - land, buildings, and			
	equipment: basis	55a		
ь	Less: accumulated depreciation	556	55	C
56	Investments - other		3 56	
57 a		57a   17.761.		
b	Less: accumulated depreciation STMT 3		57	1 1 0 1 4
58	Other assets (describe		58	)
59	Total assets (add lines 45 through 58) (must equal li	ne 74)	0. 59	321,040
60	Accounts payable and accrued expenses		80	19,609
61	Grants payable	T I	61	
62	Deferred revenue	T T T T T T T T T T T T T T T T T T T	62	!
62 63 64	Loans from officers, directors, trustees, and key emp		63	
64	a Tax-exempt bond liabilities		64	a
	b Mortgages and other notes payable		64	h
65	Other liabilities (describe	) [	65	
66	Total Ilabilities (add lines 60 through 65)		0.66	19,609
Orga	anizations that follow SFAS 117, check here 🕨 🛚 🗶	and complete lines 67 through		
	69 and lines 73 and 74.			
67	Unrestricted		67	301,431
68	Temporarily restricted		68	}
69	Permanently restricted	<u></u>	69	)
Orga	anizations that do not follow SFAS 117, check here 🕨	and complete lines		
	70 through 74			
67 68 69 Orga 70 71 72 73	Capital stock, trust principal, or current funds		70	)
71	Paid-in or capital surplus, or land, building, and equip	oment fund	71	
72	Retained earnings, endowment, accumulated income	, or other funds	72	
73	Total net assets or fund balances (add lines 67 thro	ugh 69 OR lines 70 through 72;	_	
	column (A) must equal line 19 and column (B) must	equal line 21)	0. 73	
74	Total Habilities and net assets / fund balances (ad		0. 74	321,040

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Form 990 (1999)

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return		Reconciliation Financial Star Return	n of Exp tements	enses p With Ex	er A cpen	udited ses per
a Total revenue, gains, and other support per audited financial statements	b Amounts i line 17, Fo (1) Donated s and use of (2) Prior year reported o Form 990 (3) Losses rej line 20, Fo (4) Other (spe  Add amounts i 990 but no (1) Investmen not include line 6b, Fo (2) Other (spe	ervices facilities \$ adjustments adjustments an line 20, \$ corted on arm 990 \$ acity):  sustine b acity included on line 17, of on line a: at expenses ed on arm 990 \$	sugh (4)			N/A
B Total revenue per line 12, Form 990 (line c plus line d)	e Total expe (line c plu	nses per line 17, Fo is line d)	rm 990	▶ 6		
Part V List of Officers, Directors, Trustees, and Key E  (A) Name and address  KENDALL WEBB	(B) Title and aver per week devi position PRES/DIR	age hours (C) Coo oted to (if not	not compen npensation paid, enter -0-)	(D) Contribut	ions to enefit lerred ition	(E) Expense account and other allowances
JILL PEASLEY	40 HRS/W DIR 40 HRS/W		0.		60. 0.	0.
	20 IIIO/W				-	
75 Did any officer, director, trustee, or key employee receive aggregate compensat organizations, of which more than \$10,000 was provided by the related organizations.	tion of more than \$ zations? If "Yes," al	100,000 from your	organization Yes	and all rela	ted	Form 990 (1999

Pa	t VI Other Information		Yes	No
7B	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		Х
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		X
	If "Yes," attach a conformed copy of the changes.			
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year?	79		X
	If "Yes," attach a statement;			
80 a				
	governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
b	If "Yes," enter the name of the organization			
	and check whether it is exempt OR nonexempt.			
81 a	Enter the amount of political expenditures, direct or indirect, as described in the			
	instructions for line 81 81a 0			
b		81b	[	X
82 a				
	fair rental value?	82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an			
	expense in Part II. (See instructions for reporting in Part III.)			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	<del> </del>
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		Х
	if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not	V-18		
	tax deductible?	84b	100000000000000000000000000000000000000	000000000000000000000000000000000000000
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
u	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax	000		
	owed for the prior year.			
c	Dues, assessments, and similar amounts from members			
d		-		
u	37/3	1		
•	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A  Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A	-		
	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g	8.000,000	10000000000
y	If section 6033(e)(1)(A) dues notice were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues	0011		
h	Allocable to pendeductible tabbular and political expenditures for the following tay year?	85h		
0.0	allocable to nondeductible lobbying and political expenditures for the following tax year?  501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12  86a N/A	0011		
86		┨		
	The state of the s	┨		
87	501(c)(12) organizations. Enter:  Gross income from members or shareholders  87a N/A			
a		┨		
b	Gross income from other sources. (Do not net amounts due or paid to other sources  against amounts due or received from them.)  87b  N/A			
	and the state of t	-		300000
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,			
	or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?	00		х
	If "Yes," complete Part IX	88		
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:  Section 4911 > 0 - Section 4912 > 0 - Section 4955 > 0 - Section 49			
	300000 1011P			
D	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	006		X
_	transaction during the year? If "Yes," attach a statement explaining each transaction	89b	<u> </u>	<u> </u>
C	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under			0.
	sections 4912, 4955, and 4958			<u></u> 0.
0	Enter: Amount of tax in 89c, above, reimbursed by the organization			<u> </u>
	List the states with which a copy of this return is filed  SEE ATTATCHED STATEMENT 1	001	1	7
b	Number of employees employed in the pay period that includes March 12, 1999	90b	I	
	*****	12_0	740	ì
91	The books are in care of ► ORGANIZATION Telephone no. ► 415-20	, , , – ,	, 40	
	located at ► 2787 CALIFORNIA STREET, 2ND FLOOR ZiP +4 ►	111	5	
	Located at ► 2787 CALIFORNIA STREET, 2ND FLOOR ZIP +4 ►	/ <del>1</del> 1 1		
				<del></del>
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041-Check here	N	A	(بــــــ
9230	and enter the amount of tax-exempt interest received or accrued during the tax year 92			(1999
92304 01-31 01 1	002 757994 1920 - 339199566202 JUSTGIVE	192		1
LUL	005 101734 T350		_	

Enter gröss	amounts unless otherwise		ilated business Income	(C)	ded by section 512, 513, or 514	(E)
indicated.		(A) Busines:	(B)	Exclu-	(D)	Related or exempt
93 Progra	am service revenue:	code	Amount	sion	Amount	function income
(a)		***************************************				
(b)						
(c)						
(d)						
(a)			-			
	edicare/Medicald payments		···	·	<del></del>	
	es and contracts from government					
	pership dues and assessments			1-		
				<del> </del>		
	st on savings and temporary					
	nvestments			7.4	4 006	
	inds and Interest from securities		0000	14	4,006.	
	ntal income or (loss) from real esta					
(a) det	bt-financed property	.4.,4				
	t debt-financed property					
	ntal income or (loss) from persona					
	investment income					
	or (loss) from sales of assets					
	than inventory			18	-8,461.	
				+	0,1010	
	come or (loss) from special events			<del></del>		
	profit or (loss) from sales of inven	tory		<del></del>		
103 Other	revenue:					
	****					
p						
C						
d						
104 Subtol	tal (add columns (B), (D), and (E))		0.		-4,455.	0.
	L (add line 104, columns (B), (D), a				<b>&gt;</b>	-4,455.
	e 105 plus line 1d, Part I, shoul			,		
PRINCES SECURIOR PROPERTY		vitles to the Accom	plishment of Exemi	ot Pu	rposes	
Part VI	III Relationship of Activ					
	Relationship of Active			**********	tantly to tile accomplishment	of the organization's
Line No.	Explain how each activity for whi	ch income is reported in colu	ımn (E) of Part VII contribute	**********	tantly to tile accomplishment	of the organization's
		ch income is reported in colu	ımn (E) of Part VII contribute	**********	tantly to the accomplishment	of the organization's
Line No.	Explain how each activity for whi	ch income is reported in colu	ımn (E) of Part VII contribute	**********	tantly to the accomplishment	of the organization's
Line No.	Explain how each activity for whi	ch income is reported in colu	ımn (E) of Part VII contribute	**********	tantly to the accomplishment	of the organization's
Line No.	Explain how each activity for whi	ch income is reported in colu	ımn (E) of Part VII contribute	**********	tantly to the accomplishment	of the organization's
Line No.	Explain how each activity for whi	ch income is reported in colu	ımn (E) of Part VII contribute	**********	tantly to the accomplishment	of the organization's
Line No.	Explain how each activity for whi	ch income is reported in colu	ımn (E) of Part VII contribute	**********	tantly to the accomplishment	of the organization's
Line No.	Explain how each activity for whi	ch income is reported in colu	ımn (E) of Part VII contribute	**********	tantly to the accomplishment	of the organization's
Line No.	Explain how each activity for whi	ch income is reported in colu	ımn (E) of Part VII contribute	**********	tantly to the accomplishment	of the organization's
Line No.	Explain how each activity for whi exempt purposes (other than by	ch income is reported in coll providing funds for such pul	imn (E) of Part VII contribute poses).	d impor		of the organization's
Line No.	Explain how each activity for whi exempt purposes (other than by	ch income is reported in coll providing funds for such pul	imn (E) of Part VII contribute poses).	d impor		of the organization's
Line No.	Explain how each activity for whi exempt purposes (other than by	ch income is reported in coluproviding funds for such purious for such that is not such tha	imn (E) of Part VII contribute poses).  aries (Complete this Part	d impor	'es" box on 88 is checked.)	of the organization's  End-of-year
Line No.	Explain how each activity for whi exempt purposes (other than by  Information Regardi	ch income is reported in coluproviding funds for such purification of the column of th	imn (E) of Part VII contribute poses).	d impor		
Line No.	Explain how each activity for whi exempt purposes (other than by  Information Regardi Iress, and employer identification of corporation or partnership	ch income is reported in coluproviding funds for such purious for such funds for suc	imn (E) of Part VII contribute poses).  aries (Complete this Part	d impor	'es" box on 88 is checked.)	End-of-year
Line No.	Explain how each activity for whi exempt purposes (other than by  Information Regardi	ch income is reported in coluproviding funds for such purious for such funds for	imn (E) of Part VII contribute poses).  aries (Complete this Part	d impor	'es" box on 88 is checked.)	End-of-year
Part IX	Explain how each activity for whi exempt purposes (other than by  Information Regardi Iress, and employer identification of corporation or partnership	ng Taxable Subsidi  Percentage of ownership interest %	imn (E) of Part VII contribute poses).  aries (Complete this Part	d impor	'es" box on 88 is checked.)	End-of-year
Part IX	Explain how each activity for whi exempt purposes (other than by  Information Regardi Iress, and employer identification of corporation or partnership	ng Taxable Subsidi  Percentage of ownership interest % %	imn (E) of Part VII contribute poses).  aries (Complete this Part	d impor	'es" box on 88 is checked.)	End-of-year
Line No.	Explain how each activity for whi exempt purposes (other than by  Information Regardites, and employer identification of corporation or partnership  N/A	ng Taxable Subsidi  Percentage of ownership interest % % %	aries (Complete this Part Nature of business activities	if the "Y	'es" box on 88 is checked.)  Total income	End-of-year assets
Part IX Name, add	Explain how each activity for whi exempt purposes (other than by  Information Regardi Iress, and employer identification of corporation or partnership	ng Taxable Subsidi Percentage of ownership interest % % % % that I have examined this return.	aries (Complete this Part Nature of business activities	if the "Y	(es" box on 88 is checked.)  Total income	End-of-year assets
Part IX Name, add	Explain how each activity for whi exempt purposes (other than by  Information Regardi  Iress, and employer identification of corporation or partnership  N/A	ng Taxable Subsidi Percentage of ownership interest % % % % that I have examined this return.	aries (Complete this Part Nature of business activities	if the "Y	(es" box on 88 is checked.)  Total income	End-of-year assets
Part IX Name, add number	Information Regarding of corporation or partnership  N/A  Under penalties of perjury deciar correct, and complete. Disclaration of corporation or partnership of corporation or partnership or correct, and complete. Disclaration or partnership or correct, and complete.	ng Taxable Subsidi Percentage of ownership interest % % % % that I have examined this return.	aries (Complete this Part Nature of business activities	If the "Y	Total income  Total income  tements, and to the best of my knos any knowledge. (Important: See C	End-of-year assets
Part IX Name, add number	Explain how each activity for whi exempt purposes (other than by  Information Regardi  Iress, and employer identification of corporation or partnership  N/A	ng Taxable Subsidi Percentage of ownership interest % % % % that I have examined this return.	aries (Complete this Part Nature of business activities	If the "Y	Total income  Total income  tements, and to the best of my knos any knowledge. (Important: See Carlott name and title	End-of-year assets
Part IX Name, add number	Information Regarding of corporation or partnership  N/A  Under penalties of perjury declaration corporation or partnership  N/A  Under penalties of perjury declaration corporation or partnership  N/A	ng Taxable Subsidi Percentage of ownership interest % % % % that I have examined this return.	aries (Complete this Part Nature of business activities  Including accompanying schedules and on all information of which property in the part of the	If the "Y	Total income  Total income  tements, and to the best of my knos any knowledge. (Important: See Continuo Income)  Check if	End-of-year assets
Part IX Name, add number	Information Regarding of corporation or partnership  N/A  Under penalties of perjury deciar correct, and complete. Disclaration of corporation or partnership of corporation or partnership or correct, and complete. Disclaration or partnership or correct, and complete.	ng Taxable Subsidi Percentage of ownership interest % % % % that I have examined this return.	aries (Complete this Part Nature of business activities  Including accompanying schedules and on all information of which property in the part of the	If the "Y	Total income  Total income  tements, and to the best of my knos any knowledge. (Important: See Continuo Income)  Check if	End-of-year assets  wiedge and bellef, it is true, and instruction U.)
Part IX Name, add number  Please Sign Here	Information Regardi  Iress, and employer identification of corporation or partnership  N/A  Under penalties of perjuny I declar correct, and complete. Declaration of signature of officer  Preparer's signature	ng Taxable Subsidi  Percentage of ownership interest % % % % % that I have examined this return, of preparer (other than officer) is be	aries (Complete this Part Nature of business activities  Including accompanying schedules and on all information of which properties activities activities and the properties activities and the properties activities activities and the properties activities activiti	If the "Y	Total income  Total income  tements, and to the best of my knos any knowledge. (Important: See Continuous and title)  Check if Self- employed	End-of-year assets  wiedge and bellef, it is true, and instruction U.)
Part IX Name, add number  Please Sign Here	Information Regardi Iress, and employer identification of corporation or partnership  N/A  Under penalties of perjury declar correct, and complete. Declaration of corporation or partnership  N/A  Preparer's signature  Firm's name (or yours FRA)	ng Taxable Subsidi  Percentage of ownership interest % % % that I have examined this return, of preparer (other than officer) is be with the company of the	aries (Complete this Part Nature of business activities  Including accompanying schedules and on all information of which properties the properties of the p	If the "Y	Total income  Total income  tements, and to the best of my knos any knowledge. (Important: See Continuo Income)  Check if	End-of-year assets  wiedge and bellef, it is true, and instruction U.)
Part IX Name, add number  Please Sign Here	Information Regardi Iress, and employer identification of corporation or partnership  N/A  Under penalties of perjuny occiar correct, and complete. Declaration of corporation or partnership  N/A  Preparer's signature of officer  Preparer's signature  Firm's name (or yours FRA if self-employed)  136	ng Taxable Subsidi  Percentage of ownership interest % % % % % that I have examined this return, of preparer (other than officer) is be	aries (Complete this Part Nature of business activities  Including accompanying schedules and on all information of which properties the properties of the p	If the "Y	Total income  Total income  tements, and to the best of my knos any knowledge. (Important: See Continuous and title)  Check if Self- employed	End-of-year assets  wiedge and belief, it is true, anoral instruction U.)

#### SCHEDULE A (Form 990)

Department of the Treasury

Internal Revenue Service

## Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),

501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information** 

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.

OMB No. 1545-0047

1999

Name of the organization JUSTGIVE			94 33310	
Part   Compensation of the Five Highest Paid Emplo	yees Other Than Off	icers, Directo		
(See instructions. List each one. If there are none, enter "None.")				
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
	_		;	
	_			
	_			
Total number of other employees paid				
over \$50,000	0			
Part II Compensation of the Five Highest Paid Independent (See Instructions, List each one (whether individuals or firms), If there		or Profession	al Services	
(a) Name and address of each Independent contractor paid more th	an \$50,000	(b) Type of s	ervice (	c) Compensation
NONE				
<b> </b>		,		
		1, 1 ,		
~ ~ ~ ~				
			1	
	1			
Total number of others receiving over \$50,000 for professional services	0		-	
	444 IF 644 FT		Cabadula	Carm (100) 100

Schedule A (Form 990) 1999

P	art III	Statements About Activities		Yes	No
1	During t	ne year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public		<b> </b>	
		on a legislative matter or referendum?	1		X
		enter the total expenses paid or incurred in connection with the lobbying activites 🕒 💲			
	Organiza	tions that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other			
	organiza	tions checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of			
	the lobb	ying activities.			
2	During t	ne year, has the oganization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors,			
	officers,	creators, key employees, or members of their families, or with any taxable organization with which any such person is			
	affiliated	as an officer, director, trustee, majority owner, or principal beneficiary:			
8	Sale, ex	hange, or leasing of property?	2a	ļ <u>.</u>	X
					v
	Lending	of money or other extension of credit?	2b	<del> </del>	X
0	Furnishi	ng of goods, services, or facilities?	20		Х
d	l Paymen	of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X	<u> </u>
	Transfor	of any part of the innorma or accests?			х
t		of any part of its income or assets?	2e	<del> </del>	
3		organization make grants for scholarships, fellowships, student loans, etc.?	3		Х
		iave a section 403(b) annuity plan for your employees?		<del> </del>	X
		statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in	~ 0	1	
	furthera	ice of its charitable programs qualify to receive payments. (See instructions.)			
P	art IV	Reason for Non-Private Foundation Status (See Instructions.)			
The	org <u>aniza</u>	tion is not a private foundation because it is: (Please check only ONE applicable box.)			
5		A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).			
8		A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 4.)			
7	' <u>                                    </u>	A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).			
8	· <u>  _ </u>	A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).			
8		A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city,			
	<del></del> 1	and state >			
10	L	An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv	).		
	רעשרו	(Also complete the Support Schedule in Part IV-A.)			
11	a X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public.			
		Section 170(b)(1)(A)(vI). (Also complete the Support Schedule in Part IV-A.)			
11		A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
12		An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross			
		receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of			
		its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired			
		by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)			
13		An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations desc	ribed in:		
		(1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2), (See section 509(a)(3).)			
_		Provide the following information about the supported organizations. (See page 4 of the instructions.)			
				ne num	
		(a) Name(s) of supported organization(s)	fı	om abo	)V8
	· · · · · · · · · · · · · · · · · · ·				
_	<u> </u>	An organization promised and operated to tool for public arists, Caption E00/aV/4) (Consequent of the instructions)	L		
	4	An organization organized and operated to test for public safety. Section 509(a)(4). (See page 4 of the instructions.)  Sched	ute A (Fo	orm 990	3) 1990

94-3331010

_	
1	•
•	

Pa	rt IV-A	Support Schedule (C Note: You may use th	complete only if you	i checked a	box on line 10	, 11, or 1	12 above.) Us	se cash metho	d of acc	counting. counting.
		or fiscal year	(a) 1998		) 1997		) 1996	(d) 1995		(e) Total
15	Gifts, grant (Do not inci line 28.)	s, and contributions received. ude unusual grants. See	, ,					1 1		
16	Members	hip fees received								
17	merchano	eipts from admissions, dise sold or services								
		d, or furnishing of facilities								
		ivity that is not a business to the organization's								
		, etc., purpose								
18	dividends payments tion 512(a unrelated (less sect businesse	ome from interest, , amounts received from on securities loans (sec- a)(5)), rents, royalties, and business taxable income ion 511 taxes) from is acquired by the on after June 30, 1975								
19	Net incom	ne from unrelated business								
	activities	not included in line 18								
20	benefit and	es levied for the organization's either paid to it or expended if								
21	The value furnished governme Do not incorrage.	of services or facilities to the organization by a antal unit without charge, clude the value of services s generally furnished to without charge							, .	
22	include galı	ne. Attach a schedule. Do not n or (loss) from sale of capital								
23		nes 15 through 22		0.	0.		0.		0.	0.
24	Line 23 m	ninus line 17								
25		of line 23						<u> </u>		
26	_	tions described in lines 10							26a	
þ		ist (which is not open to pu ental unit or publicly suppo	The state of the s	•				· · · · · ·		
	•	a. Enter the sum of all these		-	-				26b	0.
			, 0,0000 0,110 0,110				•••••			
C	Total sup	port for section 509(a)(1) t	est: Enter line 24, col	umn (e)					26c	
đ	Add: Amo	ounts from column (e) for li	nes: 18							
					26	b		<u></u>		
8	Public su	pport (line 26c minus line 2	26d total)		······································			<u></u>	266	Λ.
		pport percentage (fine 26) tions described on line 12							281	
27		tal amounts received in eac								tacii a iist to silow (iio iiaiii
	/1998\		/1997)	adnamian han	oun. Emer me s	um or suc /1996)	JII AIIIQUIILS IVI	oach year.	(1995)	1
b		mount included in line 17 t								
-	that was i	more than the larger of (1)	the amount on line 2	5 for the year	or <b>(2)</b> \$5,000. (	Include in	the list organiz	rations described	in lines !	5 through 11, as well as
		s.) After computing the diff nounts) for each year: N		illiomit tecelvi	an and the large	ramount	decined in (1)	O1 (∠), enter the s	ינו יט ווי	1959 dillalalices (tila
	(1998)		(1997)	***************************************		(1996)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(1995)	
c	Add: Amo	ounts from column (a) for li	ines: 15			16				
Ī		ounts from column (e) for li 17 27a total	20			21		<b>&gt;</b>	27c	N/A
d	Add: Line	27a total		and line 27b t	otal				27d	N/A
0	Public su	pport (line 27c, total minus	line 27d total)				,		278	N/A
1	Total sup	port for section 509(a)(2) t	est: Enter amount on	line 23, colun	nn (e)	27	<u>f                                    </u>	N/A		N/A
9		support percentage (lin							279	N/A %
		ent income percentag								I
1	public inspi	<b>Grants:</b> For an organizatio ection) for each year showi s in line 15. (See instructio	ing the name of the co	ontributor, the	date and amou	nt of the g	rant, and a brie	it description of t	ne nature	a not twinch is not open to a of the grant. Do not include
92312		- managed the managed	,				NUP	IE	S	chedule A (Form 990) 199

35

Part V **Private School Questionnaire** N/A (To be completed ONLY by schools that checked the box on line 6 in Part IV) Yes 29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 29 30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 30 31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? 31 If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) Does the organization maintain the following: a Records indicating the racial composition of the student body, faculty, and administrative staff? b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 32b c Copies of all catalogues, prochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 32c d Copies of all material used by the organization or on its behalf to solicit contributions? 32d If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? 33a 33b b Admissions policies? c Employment of faculty or administrative staff? 33c Scholarships or other financial assistance? 33d Educational policies? 339 33f Use of facilities? 33g Athletic programs? h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)

34 a Does the organization receive any financial aid or assistance from a governmental agency?

Does the organization certify that it has compiled with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50,

b Has the organization's right to such aid ever been revoked or suspended?

Schedule A (Form 990) 1999

34a

If you answered "Yes" to either 34a or b, please explain using an attached statement.

1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation

JU	ST	VE

į .	
	94-333101

P	ert VI-A Lobbying I	Expenditures by Ele ed ONLY by an eligible organ						N/A
Che	ick here 🕨 a 🔛 If the org	anization belongs to an affil	iated group.	<u> </u>	· <del></del>			
Che	ck here b If you ch	ecked "a" above and "ilmited	control" provisions apply.					I
		mits on Lobbying I	-		Aff	(a) filiated group t	otals	(b) To be completed for ALL electing organizations
_	( ) the tail	m expenditures means and	bunts paid or incurred)			N/A		
36	Total lobbying expenditures to	o influence public opinion (g	rassroots lobbying)	36		<b>9.</b> ,		
	Total lobbying expenditures t							
		otal lobbying expenditures (add lines 36 and 37)						
		empt purpose expenditures						
	Total exempt purpose expenditures (add lines 38 and 39)					ss*100-00000		
41	Lobbying nontaxable amount If the amount on line 40 is -		•					
	Not over \$500,000	-	ng nontaxable amount is -	,				
	Over \$500,000 but not over \$1,000			1 100000000				
	Over \$1,000,000 but not over \$1,50			F		***************************************		000100000000000000000000000000000000000
	Over \$1,500,000 but not over \$17,							
	Over \$17,000,000							
	Grassroots nontaxable amoun							
	Subtract line 42 from line 36. Subtract line 41 from line 38.				<del></del>			
**	SUBLICATION 41 HUM REG 30.	Circui -0- il ilite 4 i 15 iliore (	Hall lille 30					
_	Caution: If there is an amo	ount on either line 43 or li	ne 44, you must file Forr	n 4720.				
			4-Year Averaging Period U	inder Section KA1/h)				
		Some organizations that ma)	- <del>-</del>			of the five colu	mns	
		,	low. See the instructions fo		•			
			Łobbylng Exp	anditures During 4-1	Year Ave	raging Period		N/A
	endar year (or al year beginning in)	(a) 1999	(b) 1998	(c) 1997		(d) 1996		(e) Total
45	Lobbying nontaxable							0.
46	amount Lobbying celling amount							<u></u>
70	(150% of line 45(e))							0.
47	Total lobbying		<u> Transpired Pagge 1432 (Branch Called Helifiche Cale</u>					
_	expenditures							0.
48	Grassroots nontaxable				!			
40	Grassroots ceiling amount							0.
	(150% of line 48(e))							0.
50	Grassroots lobbying							0.
P	expanditures			ies				
	For reporting o) ring the year, did the organizati	only by organizations that did		n including any atter	mot to		<u></u>	N/A
		•	•	in, including any atter	iipt to	Yes	No	Amount
	offuence public opinion on a legislative matter or referendum, through the use of:  a Volunteers							
þ								
	Media advertisements							
	Mailings to members, legislators, or the public							
	Publications, or published or					ļ		
f	Grants to other organizations Direct contact with legislators	• • • • • • • • • • • • • • • • • • • •					+	
g h		<del>-</del>				ſ	_	
	n Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means  i Total lobbying expenditures (add lines c through h)							0.
	If "Yes" to any of the above, a	also attach a statement glvin	g a detailed description of t	he lobbying activities				0-badule & (Earm (00) ±000

#### Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations**

51			irectly or indirectly engage in any of lection 501(c)(3) organizations) or in	- · · · · · · · · · · · · · · · · · · ·	•			
a			panization to a noncharitable exempt	•			Yes	No
Ī		· - •	•	•		51a(i)		Х
	•					a(ii)		X
h		her transactions:		••••••••				
-		*****	ritable evemnt organization			b(i)		Х
	a	Purchases of assets from a	noncharitable exempt organization	***************************************		b(ii)		X
						b(III)		X
	/iu	i) Raimhurcamant arrangama	nte	***************************************		b(iv)		<del></del>
						b(v)		X
						b(vi)		$\frac{x}{X}$
						C		$\frac{x}{X}$
ن ا					b			
đ					Iways indicate the fair market value of the			
			given by the reporting organization.			N/A		
4-1			ent, show in column (d) the value of	the goods, other assets, or	l"		N/A	
(a) Line i		(b) Amount involved	(c) Name of noncharitable exe	amot organization	(d)   Description of transfers, transactions, and sh	adna ar	rangem	ante
CINO		Millouit illydiydd	Marile of Honorial Rabie exe	mpt organization	Description of transfers, transactions, and sir	ariiig ar	ranyeri	101113
				······································				
	_							
	_							
	_							
	_						,	
		· · · · · · · · · · · · · · · · · · ·			1			
2 a	İs	the organization directly or inc	directly affiliated with, or related to, o	ne or more tax-exempt orga	anizations described in section 501(c) of the			
_					<b>▶</b> □	Yes	X	No
h	lf'	'Yes," complete the following s	schedule: N/A					-
		<del></del>	······································	(h)	(c)			
		(a) Name of org	panization	(b) Type of organization	Description of relationship	ı		
	•••							
			<del> </del>		*			
		· · · · · · · · · · · · · · · · · · ·	<del></del>					
								····
						<del></del>		
					<u></u>			
					<u> </u>			

Schedule A (Form 990) 1999

Asset	Description of property							
Number	Date placed IRC sec.	, or rate No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction		
1	4 X TASK CHA 082699SL	IR 8501  7.00  19	560.			40.		
2	PANASONIC SP					10.		
	082699SL	5.00 19	76.			8.		
3	2 X PANASONI							
	082799SL	5.00 19	108.			11.		
4	SUPPLIES TO 1	BUILDING O	FFICE DESKS 178.			11.		
5			170.	·		1.1.4		
	10 <sub>1</sub> 15 <sub>9</sub> 95L	7.00 19	280.			17.		
6	PANASONIC CO							
	102799SL	5.00 19	54.			4.		
,	2 X TASK CHA 12,0899SL	IR 8501  7.00   19	280.		·····	10.		
8	PANASONIC SP					10.		
_	021600SL	5.00 19	76.			0.		
9	2 X TASK CHA							
	02 <sub>1</sub> 18 <sub>0</sub> 05L	7.00 19	280.			0.		
10			CORDLESS PHO	NE				
11	022900SL EPSON STYLUS	5.00 19 COLOR 440	152. PRINTER & C	NDT C		0.		
ΤŢ	082099SL	5.00 19	157.	ADLE		16.		
12		LAN PC CAR						
	082099SL	3.00 19	174.			29.		
13	QUICKBOOKS P							
	090899SL	3.00 19	206.			34.		
14	SMC INTERNET	NETWORK H 5.00 19	UB & CABLES 138.			14.		
<del></del> 15	TOSHIBA 2590		OK COMPUTER,	&				
	100599SL	5.00 19	1,845.			154.		
16	D-LINK PXMXI							
	100599SL	3.00 19	76.			11.		
17	64 MB MEMORY					32.		
18	10 <sub>0</sub> 05 <sub>9</sub> 99SL TOSHIBA 2060	3.00 19 NOTEBOOK	233. &			32+		
10	10/15/99/SL	5.00 19	1,178.			98.		
19	XIRCOM 10/10	0 NETWORK		RD				
	10 <sub>1</sub> 15 <sub>9</sub> 9SL	3.00 19	95.			13.		
20	KINGSTON 32		CARD FOR NOT	EBOOK				
21	101599SL MS SOFTWARE	3.00  19   LICENSES:	60. 5xms OFFICE,	1XMS WIN	98	8.		
2.1	11,11,99SL	3.00 19	179.	TVHO MIN	36	20.		
22	MICROWAREHOU			<u> </u>				
	11 <sub>1</sub> 18 <sub>9</sub> 95L	3.00 19	374.			31.		
23	BUY.COM							
	11 <sub>1</sub> 19 <sub>9</sub> 9 <sub>SL</sub>	3.00 19	802.			67.		
24	COMPUSA 110399SL	3.00 19	87.			10.		
25	COMPUSA	J. 00  19	07.	<u> </u>		70.		
	11/23/99/SL	3.00 19	33.			3.		
26	IGO SOLUTION	S			,			
	11 <sub>2</sub> 3 <sub>9</sub> 9 <sub>SL</sub>	3.00 19	108.			9.		
27	MICROWAREHOU		100			16.		
	11 <sub>2</sub> 6 <sub>9</sub> 95L	3.00 19	189.	<u> </u>	<u> </u>	10.		

District   District		T	<del></del>	101	RM 990 PAGE			990	
Date   Date		Description of property							
2864MB MEMORY UPGRADE		issisi placed I S	Method/ Life RC sec. or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/	Current year deduction	
29APC BACK UP UNIT	28	64MB MEMO							
12 10 9 SL   5.00   19   146.   7.   30 NETWORK CABLES				19	92.			8.	
30NETWORK CABLES	29			10	116			7	
	30			13	140.		<u>, , , , , , , , , , , , , , , , , , , </u>	<u> </u>	
31NETWORK CARD FOR NETWORK SERVER				19	29.			1.	
32NETWORK CARD FOR CLAIRE'S LAPTOP	31	NETWORK C.	ARD FOR I	VETWOF			<u> </u>		
								5.	
33DELL LS LATITUDE PIII/400,128MB,8.4GB H/D	32						·		
	7.2					ACB U/D		<u> </u>	
34FLOPPY DRIVE AND CABLE FOR INSPIRON 3200   01 18 9 SL   5.00   19   81.   11.	33		L 5.00	19		4GD N/D		50.	
	34		IVE AND (	CABLE	FOR INSPIRO	N 3200	<u> </u>		
		0 1 <sub>1</sub> 1 8 <sub>1</sub> 9 9 S	L 5.00	19	81.			11.	
36HP BRIO BA 600 DESKTOP PC & EXTRA MEMORY    02 16 00 SL   5.00   19   1,324   0.  37COMPUMENTOR SOFTWARE PROGRAM   02 16 00 SL   3.00   19   109   0.  38HP PAVILLION NT SERVER 8670C   02 23 00 SL   5.00   19   1,599   0.  39DELL LS LATITUDE PIII/400, 128MB, 8.4GB H/D   02 23 00 SL   5.00   19   2,742   0.  40 128MB RAM FOR HP NT SERVER & CABLES   02 25 00 SL   5.00   19   294   0.  ** TOTAL 990 PAGE 2 DEPRECIATION   17,763   0   0   755	35								
						MENODIA	<u> </u>	4.	
37COMPUMENTOR SOFTWARE PROGRAM	30					MEMORY	1 , -		
	37						<u> </u>		
38HP PAVILLION NT SERVER 8670C								0.	
39DELL LS LATITUDE PIII/400, 128MB, 8.4GB H/D    022300 SL   5.00   19   2,742.   0.  40128MB RAM FOR HP NT SERVER & CABLES    022500 SL   5.00   19   294.   0.  ** TOTAL 990 PAGE 2 DEPRECIATION    17,763.   0.   0.   755.	38		ION NT SI	ERVER	8670C				
								0.	
40 128MB RAM FOR HP NT SERVER & CABLES    022500 SL   5.00   19   294.   0.	39				100, 128MB,	8.4GB H/D	·		
	4.0					<u> </u>	1	<u> </u>	
** TOTAL 990 PAGE 2 DEPRECIATION 17,763. 0. 0. 755.	40							0.	
					17,763.	0.	0.	755.	
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		  88888		<del>.,</del>	· • • • • • • • • • • • • • • • • • • •	T	1		
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FORM 990 GAIN	(LOSS) FI	ROM PUB	LICLY	RADED	SECURIT	IES	STATEMENT	1
DESCRIPTION			OSS PRICE		T OR . BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS	
SALE OF INVESTMENT		19	1,570.	20	0,031.	0	-8,46	
TO FORM 990, PART I, LINE 8			1,570.	20	0,031.	0	-8,461	
FORM 990		ОТН	ER EXPE	NSES			STATEMENT	2
	(1	A)		В)		C)	(D)	
DESCRIPTION	TOT	ral .		GRAM VICES		GEMENT GENERAL	FUNDRAISIN	G
CONSULTING DUES & SUBSCRIPTIONS MARKETING WEB DEVELOPMENT ALARM SERVICES LICENSES & PERMITS OTHER EMPLOYEE		12,800. 452. 553. 12,642. 90. 895.		12,800 452 553 12,642 90 895	•			
EXPENSES ENTERTAINMENT GRATUITIES BANK SERVICE CHARGES ON-LINE PROJECT		4,478. 708. 87. 164. 200.		4,267 708		87. 164. 200.		
TOTAL TO FM 990, LN 4	3 :	33,069.		32,407	•	662.		_
FORM 990 DEPRECI	ATION OF	ASSETS	NOT HE	LD FOR	INVEST	MENT	STATEMENT	
DESCRIPTION		0	COST C		ACCUMU DEPREC	LATED IATION	BOOK VALUE	ı J
4 X TASK CHAIR 8501 PANASONIC SPEAKER COR	DLESS			560.		40.	52	0 .
PHONE 2 X PANASONIC CORDLES SUPPLIES TO BUILDING	S PHONE			76. 108.		8. 11.	9	7
DESKS 2 X TASK CHAIR 8501				178. 280.		11. 17.	16 26	
PANASONIC CORDLESS PH	ONE			54.		4.	5	0
2 X TASK CHAIR 8501 PANASONIC SPEAKER COR				280.		10.	27	0
PHONE				76.		0.	7	6

•			
2 X TASK CHAIR 8501	280.	0.	280.
2 X PANASONIC SPEAKER CORDLESS PHONE	1.50	0.	152.
EPSON STYLUS COLOR 440 PRINTER	152.	0.	152.
& CABLE	157.	16.	141.
MEGA 10/100 LAN PC CARD	174.	29.	145.
QUICKBOOKS PRO99 ACCOUNTING	1/4.	23.	147.
S/W	206.	34.	172.
SMC INTERNET NETWORK HUB &	200.	34.	1/2.
CABLES	138.	14.	124.
TOSHIBA 2590CDT NOTEBOOK	130.	* <b>4</b> •	1211
COMPUTER, &	1,845.	154.	1,691.
D-LINK PXMXIA 10BT&BNC	76.	11.	65.
64 MB MEMORY CARD FOR NOTEBOOK	233.	32.	201.
TOSHIBA 2060 NOTEBOOK, &	1,178.	98.	1,080.
XIRCOM 10/100 NETWORK	1,1,0.	<b>50.</b>	1,000.
INTERFACE CARD	95.	13.	82.
KINGSTON 32 MB MEMORY CARD FOR	33.	10.	020
NOTEBOOK	60.	8.	52.
MS SOFTWARE LICENSES: 5XMS		•	
OFFICE, 1XMS WIN 98	179.	20.	159.
MICROWAREHOUSE.COM	374.	31.	343.
BUY.COM	802.	67.	735.
COMPUSA	87.	10.	77.
COMPUSA	33.	3.	30.
IGO SOLUTIONS	108.	9.	99.
MICROWAREHOUSE.COM	189.	16.	173.
64MB MEMORY UPGRADE	92.	8.	84.
APC BACK UP UNIT	146.	7.	139.
NETWORK CABLES	29.	1.	28.
NETWORK CARD FOR NETWORK			
SERVER	65.	5.	60.
NETWORK CARD FOR CLAIRE'S			
LAPTOP	54.	3.	51.
DELL LS LATITUDE			
PIII/400,128MB,8.4GB H/D	3,012.	50.	2,962.
FLOPPY DRIVE AND CABLE FOR	•	•	
INSPIRON 3200	81.	11.	70.
E-CLICK ZIP CARD AND DISKS	238.	4.	234.
HP BRIO BA 600 DESKTOP PC &			
EXTRA MEMORY	1,324.	0.	1,324.
COMPUMENTOR SOFTWARE PROGRAM	109.	0.	109.
HP PAVILLION NT SERVER 8670C	1,599.	0.	1,599.
DELL LS LATITUDE PIII/400,			
128MB, 8.4GB H/D	2,742.	0.	2,742.
128MB RAM FOR HP NT SERVER &			
CABLES	294.	0.	294.
TOTAL TO FORM 990, PART IV, LN 57	17,763.	755.	17,008.

#### **JUSTGIVE**

#### 94-3331010

#### YEAR ENDED FEBRUARY 29, 2000

### PAGE 5, PART VI, QUESTION 90, FORM 990 STATES WHICH A COPY OF FORM 990 IS TO BE FILLED

ALASKA
ARIZONIA
CALIFORNIA
FLORIDA
GEORGIA
ILLINOIS
KANSAS
KENTUCKY
LOUISIANA
MARYLAND
MICHIGAN
MINNESOTA
MISSISSIPPI

NEW JERSEY
NEW MEXICO
NEW YORK
NORTH CAROLINA
OKLAHOMA
PENNSYLVANIA
RHODE ISLAND
TENNESSEE
UTAH
VIRGINIA
WEST VIRGINIA
WISCONSIN